

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

Ship To: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

EMPLOYMENT FORM FOR SUPERVISED CLINICAL SUPERVISOR PRACTICE

APPLICANT: Complete this section and forward to your clinical supervisor.

Last Name

First Name

MI

Former / Maiden Name(s)

I am in a position or have an offer for a position or an agreement authorizing volunteer hours at an agency providing substance use disorder treatment services as a clinical supervisor of counselors per Wis. Admin. Code § SPS 161.02.

- The supervisor may not permit a supervisee to engage in any substance abuse practice that the supervisee cannot competently perform.
- The supervisor shall not permit a supervisee to engage in any practice that the supervisor cannot competently supervise.
- All supervisors shall be legally and ethically responsible for the supervised activities of the substance use disorder professional supervisee. Supervisors shall be available or make appropriate provision for emergency consultation and intervention. Supervisors shall be able to interrupt or stop the supervisee from practicing in given cases, or recommend to the supervisee's employer that the employer interrupt or stop the supervisee from practicing in given cases, and to terminate the supervised relationship, if necessary.

Applicant Signature

Date

CLINICAL SUPERVISOR OF CLINICAL SUPERVISOR-IN-TRAINING: Complete section below and return directly to DSPPS. You may fax/email with facility cover sheet/letter to: (608) 261-7083 or dspscredsubstanceabuse@wisconsin.gov.

The clinical supervisor shall provide supervision as required per Wisconsin Administrative Code § SPS 162.01.

Name of Employer:

Supervisor's Name:

Supervisor's Credential Number:

Profession Supervisor is Credentialed:

Signature of Supervisor

Date